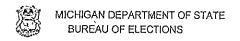
CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

COVERPAGE					
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 5/14/2013 to 7/21/2013				
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.				
150691	Basmadijan KERILE				
	4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name	City commissioner - 7th ward				
FRIENDS OF KERICE					
Extends of KERICE Basmadjian	4b. County of Residence Bay				
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address				
315 S. Kiesel					
Bay City, NV. 4870C	KERICE Basmadjion 315 S. Kiesel Bay City, MI. 48706				
bay city, ivo.	215 C Viscel				
	1 61 41 4/8 706				
Area Code and Phone 989) 6862689	bay city, were				
Lit the address in this hoy is different from the committee					
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone 989) 6867 489				
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a				
Bay City, MT. 48706	Designated Record keeper)				
313 J. RICSCI	7 o				
Bay City, M. 4012	2 2 CHI				
,)					
n	2 5 6				
1					
Area Code and Phone 989) 6862689	Area Code and Phone				
9. TYPE OF STATEMENT					
S. TITE OF STATEMENT					
9a. Pre-Election OR 9b. Post-	t-Election 9c. Annual Statement (Coverage Year)				
/					
Dro Election or Don't Election Claterant relates to	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c · or 9e to indicate which Statement is being amended)				
Pre-Election or Post-Election Statement relates to:	— or se to indicate which Statement is being amended)				
Primary Gene	peral 9e. Dissolution of Candidate Committee				
/					
Convention Scho	ool Effective Date of Dissolution				
	•				
Special Cauc	cus				
	By checking this item, IWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if				
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for				
8-6-2013	the Reporting Waiver.				
	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.				
A committee that does not have a Reporting Waiver must file all req	quired Campaign Statements. The Campaign Statements must include all applicable iditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.				
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed	notures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.				
amendment to the Statement of Organization should accompany thi before the filing deadline of a required campaign statement, tha	ad since the information was shown on the committee's Statement of Organization, an ils Campaign Statement. If a request for a Reporting Waiver is not received on or lat campaign statement cannot be waived.				
0. Verification: INVe certify that all reasonable diligence was used in	n the preparation of this statement and attached schedules (if any) and to the hart of				
ny\our knowledge and belief the contents are true, accurate and con	n the preparation of this statement and attached schedules (if any) and to the best of mplete.				
surrent Treasurer or KERICE Basmanyin	t (D)				
Congressed Recoper	Date 7-25-2013				
Type or Print Name	Signature				
VENICE hacmadian	to D				
Candidate REKICE DASTITUTE 1	Date 7.25-2013				
Type or Print Name	Signature				
Authority granted under P.A. 388 of 1976					



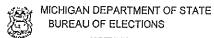
1. Committee I.D. Number

1506	91
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SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Friends of KERICE Basmadjian

RECEIPTS		Column I This Period	Column II					
3. Contributions			Cumulative this election cycle					
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	230.00						
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE						
c. Subtotal of "Contributions"		230.00	. (18.) \$					
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _	0.00	(19.) \$					
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	280. W	(20.) \$					
IN-KIND CONTRIBUTIONS & EXPENDITURES								
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	0.00	(21.) \$					
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	ပ. ယ	(22.) \$					
EXPENDITURES								
8. Expenditures								
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	0.00						
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	0·W	,					
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	۵.۵						
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	0.0	(23.) \$					
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)								
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	6.60						
b. Unitemized (less than \$50.01 each - no Schedule)	/10h) \$	O. W						
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		•						
DEBTS AND OBLIGATIONS	(11.) \$	0·W	(24.) \$					
12. Debts and Obligations	•							
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<i>ω</i> , ω						
b. Owed to the Committee (Schedule 1E)	(12b.) \$	O. W						
BALANCE STATEMENT								
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$							
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$							
15, SUBTOTAL Add lines 13 and 14	(15.) = \$							
 Amount expended during reporting period (Add lines 9 and 11) 	(16.) - \$	230. W						
17. ÈNDING BALANCÉ (Subtract line 16 from line 15)	(17.). \$	280. W	*.					
farest each mile to manifely tol								



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 150691

		COMMINITIEE			76403 01 /	CORE BUSINACI
Enter contributor's na middle initial. Check t Committee (PAC) Rep	oox to indicate if co	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)			
3. Contribution # 1 Name & Address: Mike Hall 2157 Ut		? YES 4. Dat	e of Rece	ipt 7-10-13		
BOYCITY	MI. 48	708			\$ 30.00	\$
5. If over \$100.00 cun					Click Here f	or Memo Itemization
Occupation		Employer			Olok Holo II	or memo temization
Business Address	17/	<u> </u>		1		
Type of Contribution:	Direct	Loan from a perso	on	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	e of Recei	pt 7-10-13	•	•
BRENT Pi	LORSKI					
1964 Hater Rd. Boy City, N.T. 48708					\$ 100.W	\$
5. If over \$100.00 cum					Click Here for Memo Itemization	
Occupation		Employer		· · · · · · · · · · · · · · · · · · ·		
Business Address						•
Type of Contribution:	Direct	Loan from a persor	1	Fund Raiser		
Name & Address: BRION K. 915,514	PAC Receipt? Elder St. , MI, 48		e of Recei	pt <u>7-17-13</u>	\$ 100.00	\$
5. If over \$100.00 cum				,	Click Here for	Memo Itemization
Occupation		_ Employer				
Business Address	 					
Type of Contribution:	-¥	Loan from a persor	ו	Fund Ralser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	e of Rece	pt		
					e	
F 15 0400 00						\$
5. If over \$100.00 cumulative, please provide:					Click Here for Memo Itemization	
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
				Page Subtotal	230. W	
				nd Total of All Schedules 1A te on last page of Schedule)	230.00	
Page of /			Comple	er ou reer bage of actioning)	Enter this total on line 3a of Summary Page,	